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PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

[Continued from page 334.]

I WAS with Prof. Simpson in his practice abroad, and saw it at home. I have spoken of his professional engagements. These do not satisfy the demands of his mind for labor. He is deeply interested in archæological studies, and pursuits. The curious in literature, especially in medicine, but in other departments also, are matters of constant interest. He writes on these subjects. The Roman remains in his native country are familiar to him, and it gives him real pleasure to point them out to you, and to find you interested in them. In the midst and pressure of work, night and day, he has leisure for everything, and is never weary, or says that he is. I never heard an approach to an acknowledgment of fatigue from him. He is always cheerful, ready, and has time for social pleasures, which he much enjoys. I saw him start early one morning in the Highlands to climb a mountain which cost him a whole day's hard work. He only spoke of the pleasure of his excursion on his return—not a word of fatigue. So it was with his companions, Professors Sharpey, Syme and Christison; all were delighted, no one seemed fatigued. Dr. S. has the countenance and manner of a young man. I was told he was 39. His origin was obscure, but at the University he attracted the attention and interest of Prof. Thompson, the writer on Inflammation, and he always was his friend. At 28 he was a candidate for the professorship of Midwifery in the University, and succeeded against some of the foremost men in his branch, of his age. Prof. S. has done, and daily does, everything in his power to make his lectures and whole instructions attractive and useful. His museum, instruments, drawings, are perfect in their kinds, and I examined them with the pleasure which true efforts to diffuse important knowledge always produce.

Prof. Simpson has made many instruments used in his practice. In the case of labor above referred to, and which I saw with him, he meant to have applied his tractor, had not the labor rapidly gone on under very simple manipulations, and which he gave me an opportunity to practise in the same case. His tractor is half or less of an Indian rubber hollow ball, large enough to embrace a considerable portion of the foetal cranium. It has connected with it an exhausting pump about the size of that used in the breast pump. The India-rubber cup is press-

ed upon the scalp, and the air is exhausted, and adhesion is at once perfect. How perfect, he showed me by applying the tractor to the child's head in the case above referred to, soon after its birth, and raising the child by it far from the floor. It moved about briskly, but made no cry, or in any other way showed uneasiness at this unusual position. The application is easy, and Dr. S. has used the instrument often enough to satisfy him concerning its utility.

I saw freezing mixtures employed in different affections. Two parts of powdered ice, with one of fine salt, make the mixture. It is put into a gauze bag having a ring of wire round its open end to keep it open to receive the mixture. In a case of deep-seated chronic pain in the back, or rather the hips, the bag was placed on the integuments covering one of the nates, a very broad surface. It remained on until the whole was fairly frozen, as white as lard, and so solid as to make indentation difficult. No complaint was made. After the bag was removed, the surface grew moist and wet at once from the condensation of atmospheric vapor—gradually it became softer, and at length quite warm and red. The pain was much diminished by the process. I saw it used in a case of chronic eczema of the face. The disease was extensive, and the deformity great. What the ultimate effect was in this very troublesome complaint, I do not know. I can only say that there was nothing in what occurred before I last saw the case to contra-indicate a further use of the remedy.

In the midwifery department of the Vienna Hospital, Dr. Arneth showed me an apparatus for injecting water into the vagina to produce premature delivery in cases of such pelvic deformity as prevented the birth of the mature fœtus, except by destructive diminution of its bulk. It had been proposed to accomplish the same object by injecting water between the uterus and membranes. Experiments had showed that the extensive separation of the membranes produced in this way—the dilatation of the os uteri—and the local and general disturbance induced, had been followed by uterine contractions and delivery. The later method merely proposes the *distention of the vagina*, by water thrown into it, and the uterine disturbance thus produced, as a sure means of reaching the same object. The Vienna apparatus has been tried, and has been found to answer very well. It is, however, clumsy and inconvenient. Professor Simpson uses an enema injecting apparatus of India rubber, which is readily adapted to the vagina, and easily used. He has tried it, and with entire success. The vagina is distended with water twice a-day, and labor occurs in four or five days after.

Many, many cases were under treatment for ulceration of the os uteri in various degrees, with and without enlargement of the cervix. For these, when indicated, the caustic potass was used with great freedom, and with decided benefit. Its application to cervix and os, inside, was faithfully made, by means of the speculum, into which a little vinegar was first poured, but which did not reach the spot to which the caustic was applied. When the caustic was withdrawn, vinegar in very large quantity, a half pint or more, was injected forcibly through the speculum by

the syringe above named, and until it came away perfectly clear. I now examined the os uteri by the speculum which remained as at first introduced, and found the ulcerations, granulations—removed, and the whole appearance different from what it was immediately before cauterization. I asked patients if they felt pain, and this during the process. They uniformly said no, and I was assured that peritonitis had not followed this treatment in any case which has occurred after the use of the actual cautery—an operation which is in so much repute in similar complaints in Paris.

Os-uterotomy.—The extension of the os uteri by incision is sometimes practised by Prof. Simpson, and several cases in which it was done fell under my observation. The os and cavity of the neck of the womb are at times very small. The os is little more apparently than a small round hole in the centre of a depression in the middle point of the surrounding structure. The lips, properly speaking, of the mouth are wanting, and you look at the *rounded* termination of the cervix, instead of the normal *linear* opening which is ordinarily met with. Associated with this formation, in which precise relation I did not inquire, are dysmenorrhœa and sterility. Two methods are in use in Edinburgh for the removal of the difficulty. First, by artificial dilatation, by sponge tents—a slow and uncertain process. Second, by the knife—a safe and more certain means. These are, as was said, in frequent use. The failure with the tent or other means of forcible, mechanical dilatation would seem to be owing to the great elasticity of the uterine texture, by which it readily returns to its original state, even after long-continued mechanical opening. I have a preparation in my collection of a womb in which retroflexion existed, and had existed a long time. The elasticity of the texture in this remains as perfect as when the preparation was first obtained, viz., during life, when artificial reduction was practised. This elasticity is abundantly manifest when the operation by incision is attempted. Dr. Simpson has invented a very ingenious instrument for the operation. It is a concealed knife, about two inches long and one line in breadth, which by a spring arrangement protrudes *laterally* from the sheath in which it lies imbedded when not in use, and while the instrument enters the os and cervix uteri. A screw between the handles exactly graduates the extent to which the blade shall pass out of its sheath. The end of the sheath is probe-pointed and readily enters the os uteri. Without care the incision will not be made, the elasticity being so great that the os and neck will stretch before the instrument instead of being cut by it. The effect of the incision is obvious and striking. For the small circular opening, or one not linear, a linear one is felt and seen. The os uteri is patulous, extending quite across the cervix. It admits the end of the finger easily, and is felt to be soft, relaxed. The change is complete in its anatomical condition and relations, and the functions of the womb often become natural. Some hemorrhage follows, but is not great, and is checked by filling the vagina with lint. To prevent hemorrhage, this measure is resorted to in all cases. I asked the Professor if he had ever met with troublesome hemorrhage. He said in only four cases, but in each of these it was readily controlled. I saw many

cases of this operation, and am sure that hemorrhage did not follow in any of them. I saw them after some days, and found all of them doing well. Some of these occurred in the Professor's private practice; but most of them at his clinic. These persons at once left his house to return home, and without any untoward results. He mentioned several cases in which dysmenorrhœa had disappeared, and others in which pregnancy had occurred. I should have said that to prevent adhesion after incision, lunar caustic should be applied to the angles of the wound by means of the speculum. This may be done a day or two or more after the operation, as examinations may indicate.

Polypus Uteri.—About the treatment of this disease some difference of opinion prevails. The weight of authority is certainly, with us, on the side of the ligature. This is not the case on the continent of Europe, and it certainly is not in Edinburgh. Prof. Simpson prefers the knife. His instrument is curved. The extremity of the curve is probe-pointed, and measured to the opposite side of the handle is one inch and a line in breadth. The cutting portion or blade is crescentic or semi-lunar, and is inserted into the curve of the handle, being a line and a half longer than the curve to which by a rivet it is attached. It thus resembles exactly Ramsbotham's semi-circular knife for dismemberments, differing only from it in size, his being two inches from its probe-pointed termination to the opposite part of the handle; and in the blade in Prof. Simpson's instrument, which is of steel distinct from the metal of the handle, and which receives a very perfect edge. The objection to the knife in the treatment of polypus is in the chances of hemorrhage. This accident has never troubled Prof. S. In small polypus, which Gooch twists off with thumb and finger or polypus forceps, he finds his instrument very useful. This operation does away entirely with the tedious process by the ligature. It is followed by no offensive discharge, which must accompany the ligature; and it has not been followed by return of the polypus. With regard to the question of danger, Prof. S.'s operation places the patient in precisely the same position which that for enlarged tonsils now does its patients. A few years ago this was regarded as a very grave affair. Armed needles were passed through the tonsil and strangulation produced, and its slow and often unsatisfactory results. Now the operation by excision is done in a moment, at the surgeon's house, and the patient relieved goes on his way rejoicing. I remember distinctly a clergyman of New York stopping at my house one day, and observing him occasionally to spit a little bloody saliva, I asked its cause. Said he—"I have just had enlarged tonsils removed by Dr. Hayward, and have called on you on my way home." Should hemorrhage occur after removing polypus uteri, it may be at once stopped by lint pressed firmly against the cut surface. This should be done in all cases; and the chances of bleeding prevented. A bleeding tonsil could hardly be managed in this way. But experience has shown that apprehension of hemorrhage need not be entertained, and other means would effectually check bleeding should such be necessary. I have frequently removed the polypus uteri by ligature, and remember the patient's discomfort till the tumor drops off. The friends have some experience

of this, and the surgeon is not without his share, which to an important sense is the "lion's share." My purpose in these records of what I have heard and seen, is simply to state such facts as have come directly before me, or which rest on perfectly reliable authority. They belong to medical history, and mark some of its important epochs.

Pessaries.—Of these the number in use everywhere is legion. In my very last hour, I may almost say, in England, I was presented with one of the latest inventions for supporting the womb, by Dr. Clay of Manchester, who has removed the diseased ovary in 54 instances, and with the loss only of 18 cases. This pessary is of wire spirally arranged, which allows of free motion as the body moves. It has abdominal and perineal straps, and is worn with much comfort. Dr. Clay seemed better pleased with it than with any other. Prof. Simpson has many pessaries, and has drawers filled with them. One is for simple prolapsus, with relaxed vagina. It has a cup as others have for the womb to rest upon. The stem has one or two circles, say about an inch in diameter, projecting from it, or through the centre of which the stem passes. Where much effect is desired, one of these is of zinc and copper, or the stem is of one of these metals and the circles of the other. When worn, a galvanic action is produced which slightly ulcerates the vagina where it presses against it. This being followed by contraction, is a permanent cure of the prolapse. The pessaries most in use by Prof. S. are stem pessaries of metal, or two metals, the stems of which are passed into the uterine cavity and there worn. These are used in dysmenorrhœa, deficient catamenia, in flexions, and versions of the womb. They are sometimes of zinc and copper, the stem, and a galvanic action is exerted when in the womb. They resemble very exactly small gimlets in shape. I have one which was worn by a patient nine months with perfect relief of all the symptoms attendant upon retroflexion of the womb. I met with other patients who had worn these instruments for one and even two years, and with entire relief. Some of these pessaries have an external arrangement by which the stem is kept in its place, and the womb gets permanent support.

I have for some time considered prolapse, uncomplicated or simple prolapse, a rare form of uterine dislocation. Yet it is the most talked about. Patients with pelvic trouble know of no other name for such affections than "falling of the womb." Now this word falling is an expressive one. The womb falls variously, backwards, forwards, obliquely and transversely, of the pelvis. It rarely, I think, falls *downwards*. The condition of this fall is seldom present. It is not easily produced. Independent of increase of weight in the womb as a cause, pregnancy, or, rather, and especially, labor, are its main ones. This condition is a relaxed state of the vagina, the principal if not the sole support of the womb, and that portion of it especially which forms the *cul-de-sac*. Nobody pretends that the vagina by itself contributes to prolapse. Suppose the womb to be morbidly enlarged, we have then in its weight a cause for the elongation of the vagina—the displacement of neighboring organs, the bladder and rectum, and so of descent of the womb. I rarely see uncomplicated prolapse. It depends on organic

disease for the most part, or disease of neighboring organs—the state after recent delivery, for instance—is a symptom of something else, an accident to such disease or state, and which can only be removed by removing its cause. Pathology hardly presents a case in which a mere symptom has been so frequently or so generally converted into a disease, as in what is called prolapse of the womb. It exists along with so many uterine affections that it is not at all to be wondered at that the patient regards it as her sole disease, and so much has her diagnosis been relied upon that the practice has been often decided by it, without any such examination as can alone settle what the complaint is. So true is this, that a vast amount of the treatment of womb complaints has passed out of the care of the regular profession, and pessaries of all sorts are daily added to the market so crowded with them before, and are used in the most entire ignorance of both manufacturer and patient, concerning the true nature of the disease. The spine, “spine of the back” is the popular phrase, has been brought into the service, and all sorts of apparatus are afoot for the support of the “crooked spine,” and the “fallen womb,” they being regarded, of course, as one and the same disease. Removal of the causes of prolapse will not always prevent “fall.” The natural support of the organ in its natural state, namely, the vagina, having lost power by that which has changed its relations with the womb and pelvis, or its contents—namely, an unnatural diseased state—this natural support, the vagina, may not acquire power in all cases at once to support the organ when relieved from disease, and of increased weight, one of its effects. But rest, and such local and general treatment as tends to produce the best local and general health, will in most of these cases restore the vagina to its normal state. Suppose a woman who has really suffered from prolapsus, as a consequence of uterine congestion, chronic sub-acute inflammation, with their most common attendant, increase of bulk and weight—or of any other condition producing like effects—suppose such a patient to recover from such uterine complaint, and to become pregnant. If she be properly managed during pregnancy, and especially through the whole of the puerperal state, extending over a month or more after delivery, she may, upon getting about, find herself entirely relieved of her prolapse. I am aware that pregnancy, and the puerperal state, are natural, healthful, functional conditions, and that their effects cannot but be salutary in their influences on chronic disturbances of the regions or organs in which they occur. I look for precisely similar results from proper treatment of like disturbances—prolapse, for instance (which is a symptom of uterine disease), after such disease has been really removed; and if I claim for medicinal agencies more than I have a right to expect, my faith in my profession would not be enhanced by the proof. With these views of prolapse, I examined the Edinburgh cases with great interest. Uterine displacements were exceedingly frequent, but by far the greater part of them were *versions* or *flexions*. The os uteri would be found strongly turned and high up, backwards or forwards. If downwards, then having frequently the body flexed upon the neck, producing the re-tort shape, and either forward or backward. There were cases of pro-

lapse, never very striking, however, and obviously the result of existing or of previous disease; in the former case the result of increased bulk and weight, or mere gravity—in the other, of that condition of the vagina which some previously-existing mechanical cause produced, or its elongation. Artificial support in one case, with local tonic treatment, would be proper—such support, namely, as would directly tend to make the vagina perform its own office without the continuance of artificial assistance. In existing uterine disease, rest and other treatment would be indicated. For flexions and versions, the stem pessary has been used by Prof. S. with the best success. It has been tried with us, but the whole result I have not learned. For dilatation of the os and cervix, Prof. Simpson has had made a sponge tent, which is easy of introduction and readily keeps its place. It has a central canal running through it, into which is passed an instrument having a handle, and which is bent at the other extremity at an angle of about 66 degrees with the handle. It thus corresponds with the direction of the vagina, and being introduced into the canal of the tent, this may be very readily passed into the womb. The tent is thickly covered with firm tallow, which soon melts off, and the sponge at once begins to swell.

[To be continued]

THE CEPHALOTRIBE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I offer you a few remarks upon the cephalotribe, and, also, a notice of a modification of the instrument for vaginal hysterotomy.

The Cephalotribe.—This instrument, invented by the younger Baudeloque, has hitherto, in this country and in England, been usually exhibited merely as a curiosity, and an object of ridicule. It is, however, regarded in France and Germany as an instrument imperfect, indeed, but which is calculated to be, and which has been, of great service in some cases. When an invention has received the commendation of such a man as Dubois, and of others of his stamp, its claims demand investigation.

As at present constructed, the cephalotribe resembles somewhat the long forceps of Levret. It is, however, in every way stouter; its blades have, in but a slight degree, the lateral curve of the forceps, and, in place of presenting a fenestrum, they are scooped out, somewhat in the manner of a spoon. The handles, too, are provided with an apparatus for approximating the blades, and thus producing compression, an end which the instrument must be powerful to accomplish.

The cephalotribe is not, as some seem to suppose, calculated to stand between the perforator and crotchet on the one hand, and the Cæsarean section on the other, nor to supersede the Cæsarean operation, in any other way than it is superseded by the perforator and crotchet. It is, in fact, simply a substitute for the crotchet. It has now been in use for some considerable time by Dubois and other Continental practitioners, and is preferred by them, in all cases in which its application is practi-

cable, to the crotchet, as being decidedly less liable to lacerate the maternal textures.

The defects of the cephalotribe are—first, that its application is *not* always practicable; second, that compression by it being in one direction only, the body compressed bulges in a direction perpendicular to the first; and third, the less important one of its formidable appearance. This formidable aspect, however, has been much diminished by the substitution for the wheel (which appertained to the instrument as originally made) of a flexible rack with a key of about the size and appearance of the handle of the dental implement of the same name.

The mode of introduction of the instrument in question is the same as that of the forceps. The approximation of the blades, with the destruction of the head of the child, is then easily effected by means of the mechanism attached for the purpose. Extraction of course follows with comparative facility. The *perforator* should always precede the cephalotribe, as constantly as it does the crotchet.

I conclude this brief notice of the cephalotribe, by disclaiming all advocacy of the instrument, further than to repeat that the experience of some of the highest obstetrical authorities is in favor of its superiority, in many cases, to the crotchet, and to claim that it should not, without further examination, be consigned to the lecturer's collection of impracticable curiosities.

The knives for vaginal hysterotomy, of the form now most approved, have blades five inches and a half in length; the cutting portion, which is at the extremity, being two inches and a quarter long, by a quarter of an inch broad. This incisive portion is gently curved upon itself in a plane vertical to that of the flat surface of the blade, in order to adapt the knife to the course of the vagina. Placing the two knives with the concavities of their curved surfaces looking upward, the edge of one is directed to the right, and that of the other to the left. The handles are three inches and three quarters long.

These knives are used for incising the internal surface of the os uteri in cases of obstinate rigidity during labor, two or three slight incisions being made on each side. The operation of incising the cervix uteri in parturition has now been many times performed by Dubois, who has never seen it attended with any immediate accidents. It should not, however, be resorted to without due circumspection.

Boston, October 22d, 1852.

L. PARKS, JR., M.D.

DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 326.]

HAVING attended to these more external matters, we still have the want of tone, and general debility of the system, to remedy; and for this it is very difficult to lay down any general rule.

We mentioned among the effects of these affections a disposition to gastric derangement, or rather to atony of the stomach. This in most cases we treat with ale, which affords at once a stimulus, a tonic and

nourishment—relieving the exhaustion of the moment—strengthening the stomach, and affording an easily assimilated nutriment wherewith to invigorate the attenuated frame. We know of no objection to the use of this, except some accidental idiosyncrasy of the individual. If it be not advisable, sherry wine is the best substitute—lacking the nutritive and the direct tonic effect of the other. Beyond this we cannot specify a stimulus—for after all, it must be fitted to the wants of the particular individual, and therefore trial must indicate what is best. Where not only the immediate stimulus, but also a more powerful and continuous tonic is needed, Peruvian bark, gentian, columbo, and all articles of that class, will serve us in turn, but of course it would be unnecessary and indeed impossible for us to attempt to discriminate between them here. That must be done by the physician when the individual case is before him.

We also mentioned as one of the consequences of disorder of the uterus, an attenuation of the blood—an anæmic disposition, exhibited in pallor of the countenance, waxy aspect of the skin, and cold hands and feet. Iron of course is our remedy for this, and it only remains for us to indicate the form in which it is to be administered. As that form of the remedy against which, in the largest number of cases, the stomach does not rebel, we have long used the ammonio-tartrate. It is very convenient, too, to administer. We write for two drachms, and direct the patient to dissolve it in sixty teaspoonfuls of water or syrup (say of orange peel, a home-made article). The dose measured by the same teaspoon will then contain two grains, which may be taken four times a day. When there is fear of this fermenting, or where the stimulus of wine is also wanted, sherry is a good menstruum, though it takes more of this fluid than of water to serve as a solvent—about double the quantity. The flavor of neither of these solutions is unpleasant, and we have found but few cases where there was an intolerance of the remedy. The tincture of the muriate of iron has been much extolled for leucorrhœa, and therefore if that accompaniment is a prominent and troublesome one, it may be administered instead of the ammonio-tartrate. It is very apt, however, to disagree with the stomach, and the flavor of it cannot be made very agreeable. Care should be used that neither be taken into an empty stomach, or if so, a cracker or something of the kind should be eaten immediately after. This will prevent an unpleasant gnawing and nausea that often follows the administration of iron without these precautions. Where the last remedy is not tolerated, and a demand for it seems to exist, we have used the sulphate of iron instead, under the same precautions, dissolving it as we advised for the ammonio-tartrate, but giving it in smaller doses—say $1\frac{1}{2}$ grain; this is as much as in most instances will be borne without irritating the stomach in the course of the period for which we may have to use it. Frequently, indeed, we have to commence with a half or third of a dose, and gradually increase it to the maximum. This of course is easily done when the salt is in solution.

However admirable may be the effects of the above-mentioned tonics, there are few cases where they alone will suffice to restore the health and strength of the patient, and enable her to preserve them when recovered, unless we bring the influence of cold water to their assistance.

Indeed, this remedy in some form or another is by us brought very early to bear upon the disease, and we should have introduced a mention of it sooner but for not wishing to interrupt the above continuous series of kindred remedies. Not only, too, do we look upon cold water as a tonic, but we consider it a powerful alternative in breaking up that circle of morbid phenomena, at various points of which are found, as we have before this detailed—a displaced uterus—dysmenorrhœa—gastric irritation—hysteria—and the rest, too familiar by this time to repeat. As soon as we have made an estimate of the vital energies of our patient, we commence enveloping her to a degree proportionate to what we consider her power of reaction—with the wet sheet. When the energies are much reduced, this must be done very cautiously, and only very partially. Thus, as a first essay, we wrap the hips in a common roller towel about twenty inches wide, dipped in water at about 60°. Over this is wrapped a flannel skirt or some such thing, and the patient lies thus in bed for an hour or hour and a quarter. After this she is well rubbed with a crash towel, and dressed if necessary. If this is readily endured—if the chill it causes soon passes off—and particularly if it be replaced by a proportionate glow, we may venture further, and envelope more of the frame in it, and use colder water, until we reach the point of wrapping the whole figure, from the arms down, in a sheet wet with the coldest pump water. When so wrapped, the patient should be also covered in blankets and remain thus for an hour and a quarter. If the operation is such as is desired, the chill passes off at the end of ten or fifteen minutes—the remaining discomfort of the cold in twenty more. Soon a glow is felt which goes on to diaphoresis (though not profuse), attended with a positive feeling of enjoyment and exhilaration. Used in this way, we claim that this means is raised from all taint of hydropathic quackery to a rational and scientific remedy, and as such we ask for it its fair share of attention. We are confident that if this be given, it will be highly valued in the light both of a powerful alternative as above stated, and as a tonic, tolerated and beneficial, when the stomach refuses others, or where they may prove incompatible, as is well known they often do, with some other condition of the system.

The proper time of the day for using this remedy is the forenoon, though the particular hour we do not deem important; we permit the patient to choose that which will best suit her convenience. The re-action is probably greater on first awaking, and, if nothing hinders, we should select this time.

Used in this way, the influence of cold water seems much more deep and thorough than when simply taken in the form of a cold bath. We cannot suppose that a very different series of phenomena occurs in one than in the other; but, with the wet sheet, each one of the series is prolonged, and in this way possibly the depths, as it were, of the system are more perfectly probed, and the most distant and hidden operations of the morbid influence reached. Thus in a cold bath the chill is endured at the farthest for five minutes—the body is then dried, and in another five every opportunity given for re-action, which comes on with greater or less despatch. With the wet sheet, the chill is prolonged for ten or fifteen

minutes—the rallying effort to force back to the surface the blood which had left it then begins, but requires from fifteen to twenty-five minutes more. Still, after this, the surface is excluded from the air, and kept bedewed with a fluid now at blood heat, prolonging and heightening the duration and violence of the reaction. This at least seems to us a rational comparison between the two.

We must finish this chapter with some notice of the other alteratives which have been at various times advised to break up the morbid action—the congestion, hardening, and irritation of the uterus, and the disturbed functions of the neighboring organs accompanying displacement. For this purpose the writers of fifty years since advise mercurials, but with apparently no very great precision in their views as to what was to be done. Later, since the virtues of iodine have been recognized and appreciated, some of its combinations have been recommended for the same purpose, but apparently scarcely more than on theoretical grounds, even with the few who have made the recommendation. We have looked very carefully for any facts that would support the view that they are beneficial, and we find none either in the flood of periodical medical literature which we now enjoy, or in the experience of our personal friends or ourself. We do still occasionally use the syrup of ioduret of iron, but it is rather as a tonic and an appetizer than as an alterative.

We thus conclude our list of remedies, and the details of our course of treatment of uterine displacements. There are many suggestions which have been made, many theories broached, and many instruments contrived, of which we have taken no notice. We feel, however, that we have weighed these carefully and without prejudice, and estimating them not hastily, have deemed that no benefit could accrue to the reader from a mere rehearsal of them and exposition of their failings; but have thought that time was better spent in making a full exposition of what reason and experiment have taught us we can rely upon.

[To be continued.]

DISLOCATION OF THE KNEE-JOINT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On the 27th day of last April, Mr. P—F—, a man of large stature and great muscular power, aged about 45 years, being engaged in unloading manure in the field, his horses became restive, and, while endeavoring to govern them, he was thrown by one of the wheels against a pile of manure and thereby had his left knee-joint dislocated. He remained helpless in the field about half an hour, when some persons came to his rescue, and carried him about one mile and a half on a bed in a wagon, to his home. With my son, Dr. J. H. Mackie, I visited him between 12 and 1 o'clock, and on examination found the head of the tibia was dislocated forward, so that the patella was high up above its natural location, and the condyles of the femur were readily felt in the ham. The joint was not much swollen. We immediately made use of the pulleys, and very promptly restored the bones to their natural position. We had him placed in bed and enjoined the most

perfect quiet. We visited him again in the afternoon, and found him very free from pain, and the joint but little swollen. We endeavored to make him understand his situation, and impress on him the importance of his maintaining the most perfect quiet. We put the limb on a splint, and, to guard against inflammation, bled him about twenty-four ounces, and ordered a dose of sulph. magnes. to be taken the next morning.

April 28th.—Found him very comfortable. He said he did not like the splint, and had therefore removed it. I again told him there was great danger from inflammation, that his leg must be kept perfectly quiet, and that he must not in the least bend his knee-joint. He promised to keep entirely still.

29th.—He has proved to be a disobedient patient, and I found him sitting in a chair with his leg supported, and also very comfortable.

30th.—He insists on moving about with the aid of crutches, and will not be prevented.

May 1st.—I called and found him absent, he having gone out to superintend his business. I met him occasionally afterwards, as he was engaged in business, and learned he was improving rapidly. For a few days his joint swelled moderately, and there was quite an extensive ecchymosis about the joint and upper portion of the leg. The local applications to his knee and leg were contused wormwood with spirits; also vinegar and salt with spirit.

This accident being one of comparatively rare occurrence, and considering also the rapid recovery, notwithstanding the imprudence of the patient, at the suggestion of some of the profession I send you the above brief account of the case, for publication, should you think it advisable.

Very respectfully yours,

New Bedford, Nov. 16, 1852.

ANDREW MACKIE, M.D.

FERRO-PHOSPHAS CALCIS IN PULMONARY CONSUMPTION, &c.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As every man in the profession is honorably and morally bound to contribute his mite in alleviating the ills of the human race, permit me to call your attention to the above preparation in the treatment of tubercular disease. It is true my experience has not been great with the article, as it is confined to but few cases; yet, the happy results I derived in these cases induce me to direct attention to the remedy, that others may enter the field and try its effect. I do not pretend to say it will relieve every case, or even a majority; but that it will benefit many cases, particularly in this climate, I can say with some confidence. I merely desire that others may try it, and confirm or repudiate my restricted experience. I will remark, that I believe climate and its collateral influences, have a controlling effect in the therapeutic management of most affections; consequently, I am impressed that the medicine I suggest may answer better in southern tubercular disease, than in that of New England.

My experience is not extensive enough with the remedy, to say in what peculiar forms of the disease it will do best. In its incipency and decline I have used it with marked advantage. I make it thus: R. Phosphas calcis, two parts; phosphas ferri, one part. Dose, ten grains thrice daily, in simple syrup; after five or eight days the dose may be increased to fifteen grains, or more, as circumstances may justify. The remedy can be made into a syrup very readily, we imagine, though we have not used it that way. To be effectually serviceable it should be used for some time, and the bowels, if much costive, should be kept open with a warm laxative mixture; if otherwise, they should be restrained with some astringent mixture. The remedy, in my estimation, has all the advantages of the *cod-liver* oil, with none of its disadvantages; and I believe—subject, of course, to farther corroboration—it is destined to supersede all other medicines in the general treatment of tubercular consumption, particularly where abscesses have formed, or in its earliest stages. I send you these views, without going into a disquisition on the theory of the treatment, which would be of no utility to any body. As previously stated, I wish to create no undue hopes, but I respectfully invite the profession at large to try the remedy, and if it proves successful in one instance, or is the means of saving a single life from impending death, I shall be amply compensated for giving this article to your readers.

Very truly,

H. A. RAMSAY, M.D.

Thompson, Columbia Co., Geo., Nov. 2, 1852.

MALIGNANT PUSTULE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The No. of your Journal bearing date, August 25, 1852, having been mislaid, I have but just noticed an article, by a correspondent, upon "Malignant Pustule," to which I would recal attention for the purpose of suggesting an additional remedy, that was employed with decided advantage in one case identical with, or very similar to, those there described. A brief recital of the case, of which I was myself the subject, will best exhibit its character, and the result.

About a week after an examination of a body dead from scrofulous disease with extensive ulcerations, a small pustule made its appearance upon the upper part of the index finger. The pustule was preceded by a troublesome itching, but when formed it attracted little attention for a day or two; then the textures beneath and around it became indurated and swelled, passing quickly into a hard, elevated tubercle of a dark color, sore and painful; and upon this, as the disease progressed, numerous small perforations opened, through which pus and a sanious fluid were discharged. The finger, the hand and the arm to the elbow, swelled rapidly, accompanied by intense pain. An erysipelatous inflammation covered the hand, and a red and indurated track extended up the arm to the axilla, where the glands were irritated and painful—showing the disturbance of the absorbents. And simultaneously with the swelling of the hand and arm, there were fever, prostration, and a feeling of great oppression.

Soon after the pustule became painful its apex was removed, and solid nitrate of silver was applied freely, but without benefit, and when pus began to ooze from the small perforations, the tubercle was opened by a crucial incision, and afterwards, as before, emollients largely charged with opium were applied. But the pain continued intense, with daily increasing fever and prostration. In this condition, on the fifth day from the commencement of the swelling in the hand, the ulcerating mass was filled with undiluted creosote, and covered by a pledget of lint saturated with the same. Under this application the pain was speedily arrested and did not recur; and the whole train of troublesome, not to say dangerous, symptoms soon began to subside. The creosote was continued until free sloughing commenced, when it became irritating and was changed for poultices and other simple dressings, under which the cavity at length filled.

In medicine, all know that a single result is entitled to little confidence; but in this case so vivid is my recollection of the sudden, unexpected and entire relief afforded by the creosote from protracted and exhausting suffering, that I transmit the facts for whatever they may be worth.

Respectfully, F. P. FITCH.

Amherst, N. H., Nov. 22, 1852.

DEATHS FROM CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wish through the Journal to inquire whether death has ever occurred from chloroform when the patient has from the beginning of the administration been kept in a horizontal position.

May not the muscular force of the heart, by the inhalation of chloroform, be suddenly enfeebled, to such a degree that it would refuse to carry a column of blood perpendicularly upwards to the head, and death of consequence follow; when the same agent, administered to the same extent, would not overcome the action of the heart, if that organ had to carry the blood only in a horizontal direction?

If keeping the patient in a horizontal position will render the inhalation of chloroform free from danger, or even less dangerous, it is desirable to know it. It has appeared to me reasonable that such should be the case.

In severe cases of syncope I think the subject would die if he were kept in an upright position.

Very sincerely yours,

Petersham, Mass., Nov. 22, 1852.

SAMUEL TAYLOR.

DR. HULLIHEN'S OPERATION FOR FILLING TEETH OVER EXPOSED NERVES

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention has just been called to an article in your Journal of October 20th, under the signature of "S. P. Miller," and dated

"Worcester, Oct. 4th," in which the writer has given an account of operations performed by him (filling teeth over exposed nerves) as far back as June, 1850. These operations are communicated by the writer referred to, as originating with himself, and as having been mentioned to a few friends (he does not say who these friends were, nor at what date he made known his supposed discovery to them) after he had successfully treated "about forty cases, embracing the different classes of teeth, &c."

I do not know Mr. or Dr. Miller professionally or personally, but his communication surprises me none the less, being aware that he was present at the meeting of the "American Society of Dental Surgeons" in Newport, R. I., last August, and then heard the full report of Dr. Hullihen's operation for filling teeth over exposed nerves, made by Dr. Cone, of Baltimore. I am also aware that the said S. P. Miller at that time made many inquiries of Dr. Hullihen respecting the said operation, without for a moment assuming to have been its originator. The editor of the New York Dental Recorder, it is true, states in the August No. of that Journal that "Dr. Miller, of Worcester, mentioned that for two years past he had been practising this operation, with almost uniform success, *without the slightest knowledge or suspicion that any member of the profession had ever practised in the same manner.*" The same editor adds—"the only difference being that Dr. Miller passes the drill *beneath* the alveolar border, whereas Dr. Hullihen passes the drill through the gum and alveoli."

Without dwelling upon the material difference between the two modes—their different object and tendency (that claimed for Dr. Miller, by the editor, being as old as the time of Joseph Fox), and especially as S. P. Miller in his *present* communication *makes no difference*, in the eventual progress of his experiments, I must protest against the entire neglect on the part of Mr. Miller, to mention the fact in his publication, that he had heard the full report of Dr. Hullihen's operation in August last from Dr. Cone. For if he went to Newport "*without the slightest knowledge or suspicion that any member of the profession had ever practised in the same manner,*" he certainly was informed of the fact on the subsequent 4th of October, when he wrote his communication for your Journal. He knew, too, that Dr. Hullihen had been performing the operation *for the last seven years*, and had communicated his process to Dr. Cone *more than three years previous to that date*; and yet, in the face of that knowledge, Mr. Miller publishes his article in the Boston Medical and Surgical Journal, without referring to either of these facts.

Under such circumstances the communication of your correspondent, "S. P. Miller," has the aspect, and I think will be regarded by the profession, as an unjustifiable attempt on his part to claim the discovery of what does not belong to him.

In the Philadelphia Medical Examiner for the month of October, you may see (and I respectfully invite your attention to it) my own brief report of Dr. Hullihen's operation for filling teeth over exposed nerves, which, apart from a sense of common justice to one who has conferred so great a benefit upon his profession and the community, demands of

me to notice any attempt to violate, in his case, the holy precept which teaches us to "Render unto Cæsar the things that are Cæsar's."

I am respectfully your ob't serv't,

Walnut st., Philad., Nov. 3, 1852.

E. B. GARDETTE.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 1, 1852.

Physiology Illustrated by Vivisections.—Dr. Séquard, late of Paris, an eminent physiologist, to whom we have already referred, is now in Boston, and commenced a course of lectures before the medical profession of the city, on Saturday, the 20th of November. He comes with a reputation that commands the confidence of gentlemen who are familiar with the advanced state of the French schools, and we doubt not that all who can find it convenient to set apart one hour, three times in a week, will derive lasting scientific advantage, from an attendance on his illustrations. From all the neighboring towns, within a circle of twenty miles, such are the facilities for speedy communication with the metropolis, a large proportion of the practising physicians might come in and return, without seriously affecting their daily business demands. Besides being a recreation, and enjoying the pleasant society of their early medical friends and associates, it will be a pleasant exercise of the mind to be refreshed with a rehearsal of lessons in the dissecting room, to which are to be added the extraordinary discoveries of modern physiologists, by one whose advances in that direction are represented to be extensive. If we could be furnished with a synopsis of each demonstration, they would be given to the medical public at large, and thus those at a distance benefited by the researches and discourses of this distinguished stranger.

Lectures on the Skin.—Dr. Durkee has commenced a course of instruction before the students of the Tremont Medical School, on the anatomy, physiology and diseases of the skin, illustrated by the microscope. Dr. D. has no rival in that department among us, and we congratulate those who have the opportunity of listening to his discourses. He is indefatigable in his explanations; clear and orderly in the manner of treating each subject, and is a man of profound attainments in the branch of science to which the powers of his mind have been directed. We were present a few moments during the doctor's introductory lecture, and were gratified to notice that several young gentlemen were there who were formerly members of the school, and who have recently returned from Paris, where they have spent some time in prosecuting their professional studies. These young physicians were assisting the doctor in exhibiting different specimens of the skin under microscopes. The lectures will be illustrated also by Wilson's splendid plates—by various diagrams, and by living specimens of cutaneous diseases which will be presented to the class from week to week. The room was crowded with students, and they cannot fail of reaping much valuable knowledge from the course.

The following introductory remarks are from the lecture delivered by him—the first of the course—on Saturday, Nov. 20th:—

"In the course of lectures which I may have the honor to deliver to you, I am aware that I shall say many things that are not new to you; nevertheless, as it is a special branch of study that will engage our attention, I trust you will not think that I weigh you in a false balance, or assign you the wrong place in the scale of knowledge, if I regard you all as beginners in this special department.

"An intimate acquaintance with anatomy is the foundation of all true medical science. This is a settled principle. In accordance with this principle I propose, before we enter upon a consideration of the various maladies to which the skin is liable, that we examine its normal anatomical structure; and shall improve the present occasion for that purpose.

"However simple the skin may appear to the non-professional eye, it is found by the anatomist to be exceedingly complex in its organization, and to fulfil a great diversity of functions; and I have for many years entertained a strong and abiding suspicion that one great cause of failure on the part of the medical profession in their efforts to cure cutaneous affections, was to be found in their ignorance of the nature of the ground upon which they labored. The fact is, if a man, who knows comparatively nothing of the constituent parts of the skin, were to practise upon its diseases as many years as the children of Israel were in the wilderness, he would, at the end of that period, still find himself in a wilderness."

Death of Dr. Drake.—More than three weeks have passed away since the death of Daniel Drake, M.D., of Cincinnati—a man of wide-spread celebrity—was noticed in the papers of the day; but no particulars have yet been received. His life, labors, death, and all the circumstances connected with the melancholy event, are impatiently expected from some proper source. He was an able and efficient man, and made deep and lasting impressions as he travelled through his pilgrimage. With great mental activity, a vigorous constitution, an indomitable spirit, genius and industry, wherever Dr. Drake appeared, the people acknowledged that his powers were of no ordinary kind. His biography will be read with eagerness.

Southern District Medical Society.—A meeting was held in the city of New Bedford, Nov. 10th, that seems to have been unusually interesting to the profession, several medical strangers of distinction being present. A writer in the *Mercury*, in commenting upon the transactions of the Society, remarks as follows:—

"We had some curiosity to see together the men to whom we entrust so confidently our lives. They would well compare with any body of doctors that may be anywhere assembled. One could tell from their looks that they were learned men; from their address, that they were gentlemen; from their earnestness, that they were faithful men. Perhaps, as a class in our community, they are a little too unobtrusive, and do not thrust themselves enough forward. They own but little powder, and flash but few guns. Would it not be well if they would be at a little more pains to let it be known when they have their public meetings? And would it not be well if our citizens would be at some pains to attend these meetings? It is always well-doing to encourage one another.

"After the usual business, an address was read by Dr. John H. Mackie. The subject 'A Plea for Physicians.' It was admitted that physicians of

our day had not claimed from men the rank that is due to their profession. Hero-worship, it was said, had passed away; but still there was a *merit* that was due to *worth*. Worth was claimed for the doctor, because of the high moral character that attaches to his profession; because he is in strictest truth a man of large bravery; because he is a pioneer in so many of the sciences; because his work is purely for humanity, and always with kindest charity, and never-stinted benevolence.

"The address was well written, and was highly enriched by classical allusions and quotations from poets and the old philosophers. It concluded with an earnest exhortation to the brethren of 'The Faculty,' to stand for their rights, to maintain their inherited and proper dignity, and to go on working with good heart, and skilful hand, for the health and happiness of their fellows."

Moral Character of the Profession.—E. R. Penslee, M.D., whose discourse before the Medical Society of New Hampshire received a commendatory notice from us a few months since, recently gave an introductory address before the students of the New York Medical College, in which he holds the chair of Professor of Physiology and Pathology. The address fully equals his former literary efforts. Dr. Penslee, at the outset, defines a practitioner of medicine. "A regular practitioner, and a practitioner of medicine," he says, "are synonymous terms—each implying one whose practice is based upon the science of medicine; by which expression I mean that vast aggregate of facts and principles in anatomy, physiology, pathology, therapeutics and the correlated sciences, which has been accumulating from the earliest ages to the present time; and which ninety-nine of every hundred well-educated medical men regard as incontrovertibly established." He proceeds to some definitions of terms, as allopathist, homœopathic physician, &c., and then commences the main subject—a comparison of the moral character of the medical profession with that of other learned professions. Those having the opportunity will derive both pleasure and profit from reading this discourse. There is a freshness in it which could only emanate from a vigorous, disciplined mind, and a gracefulness of style that bespeaks the scholar. Near the conclusion may be found the following gratifying declaration. "Indeed, there are no classes of men in whom we at all times see prompter effusions of benevolence, than in the best surgeons, in this and other countries; and the very personification of philanthropy and benevolence, the world-renowned Howard, we may remember, was a medical man."

Diseases of the Eye.—Dr. Stephenson, surgeon of the New York Ophthalmic Hospital, has published a syllabus of a course of lectures on ophthalmic medicine and surgery, which indicates the thoroughness of his labors. Students cannot very well sit under his daily instruction, and not become familiar with the multifarious forms of disease to which the eyes are incident. The first division takes cognizance of the appendages of the optical apparatus of man; and the second, of the organs themselves. It is an honorable distinction to be a good oculist. No branch of medicine is more profitable, or held in higher public estimation; and in a country so vast as ours, there is room enough for many of this order of practitioners, without interfering with each other. With this view of the case, more of our well-qualified young practitioners might devote themselves to

this particular specialty. Some scarcely procure a living under their present arrangement of doing all work, who would excel by directing the entire force of their minds to the contemplation of one family of diseases.

Dental Surgery.—A fifth edition of the Principles of Dental Surgery, by C. A. Harris, M.D., of Baltimore, revised, modified and greatly improved by the author, and illustrated by 136 engravings, may be found on sale at the bookstores. It is a royal octavo, containing 811 pages. This great work is from the press of Messrs. Lindsay & Blakiston, of Philadelphia, who have been eminently successful in the typographical finish given to the volume. Dr. Harris has the ground wholly to himself, and having acquired a reputation which gives him the position of a man of authority, his writings on the Surgery of his profession will be sought with increased avidity. When the first edition appeared, some years since, we foresaw that it was a publication which would be in demand. A steady sale has finally resulted in this new and improved form, which, for depth of research, anatomical and physiological details, and accuracy in the mechanical directions of operative dentistry, is without a rival in the English language. Of course, those for whom the volume has been prepared, cannot be indifferent to its success, and it will be gratifying to them to learn that the demand is equal to its literary and scientific merits.

Medical Miscellany.—There were 60 deaths from yellow fever and 26 from cholera, in New Orleans, during the week ending the 30th ult.—Dr. A. Means is president of the Georgia Medical Society.—Dr. F. W. Sargent has been elected surgeon of Wills Hospital, Philadelphia.—Dr. J. Lawrence Smith has been appointed professor of chemistry in the University of Virginia.—A hygienic congress was to have been held at Brussels, in September last, but nothing has been heard in regard to its transactions.—*Alcool entilique* is a new kind of alcohol extracted from the oil of potatoes.—Dr. Hines, of Charleston, S. C., charged with a robbery in a post-office, has been fined \$100, and six months imprisonment.

TO CORRESPONDENTS.—The indulgence of friends, some of whose favors have been on hand several weeks, is again solicited. Articles shorter than theirs, of more recent date, are inserted in the present number, in order to give a better variety than a few long articles would furnish. By means of "extra-limits" we hope soon to find room for the papers which have accumulated. The following have been received since our last acknowledgment:—Medical Lectures in Havana; Appendix to the Case of Dr. Robert Capen; Hurlihen's New Dental Operation; Southern Typhoid Fever; Case of Phlegmasia Dolens; Case of Sinking after Child-birth; Death from Inhalation of a Foreign Body.—The kind offer of our Georgia friend is thankfully accepted. He may send by any route most convenient to himself.

MARRIED.—Dr. E. D. Merriam, of La Grange, Miss., to Miss L. Preston.—In Exeter, N. H., 11th ult., Dr. Samuel Perham, of Boston, to Miss Anna E. Clark.

DIED.—In Wrentham, on the 19th ult., Dr. Ashbel Willard, aged 85 years.—In Hingham, 22d ult., Dr. Thomas Barnes, formerly a dentist in this city.

Deaths in Boston—for the week ending Saturday noon, Nov. 27th, 81.—Males, 40—females, 44. Abscess, 1—accidental, 3—apoplexy, 1—asthma, 1—rupture of artery, 1—bronchitis, 1—disease of bowels, 1—congestion of the brain, 2—cancer, 1—consumption, 14—convulsions, 1—cholera morbus, 1—croup, 6—colic, 1—dysentery, 2—dropsy, 1—dropsy in the head, 6—infantile diseases, 6—epilepsy, 1—typhus fever, 2—scarlet fever, 12—hooping cough, 1—disease of heart, 3—inflammation of lungs, 3—congestion of lungs, 1—marasmus, 4—old age, 2—palsy, 1—pleurisy, 1—scrofula, 1—unknown, 2.

Under 5 years, 31—between 5 and 20 years, 18—between 20 and 40 years, 14—between 40 and 60 years, 12—over 60 years, 9. Americans, 36; foreigners and children of foreigners, 48. The above includes 3 deaths at the City Institutions.

American Materia Medica.—A correspondent of this Journal, who has been in habits of intercourse with Professor Tully for twenty-three years, in commenting upon the character and originality of his writings, thus expresses himself:—

"By men of talents in the medical profession, who have been accustomed to his lectures, correspondence and conversation, it will be confidently predicted, that a comprehensive work upon *Materia Medica* from Professor Tully, will be the most original, philosophical, and practically useful book for the physician, which has appeared since the writings of Sydenham.

"Professor Tully is one of the few physicians who are imbued with the true spirit of the Baconian philosophy. Not an hypothesis, or mere theory, has he ever advanced.

"At his present age, and in consequence of his numerous places of residence, which have been in regions of differing climatic and endemic influences; of his good fortune in opportunities for observing fatal and peculiar epidemics; of his uncommonly social habits in collecting information from his professional brethren; of his widely extended and systematic correspondence; and of his great success in enlisting the talents and zeal of co-laborers in his investigations; few men, since the time when Hippocrates spent his life in travelling over Greece, have had an experience in diseases and their remedies, so extensive, minute and accurate as that of Professor Tully. Having resided in the mountainous parts of New England; in its hilly regions, and in various alluvial districts on its rivers—living by his profession in rural parishes, and in manufacturing and seaport towns—having practised extensively in malarious regions of the State of New York—having lived by his profession for a year in the interior of South Carolina—and having enjoyed a wide and high reputation as professor, instructor, and counselling physician in two central places of resort and travel—Albany and New Haven; his opportunities of residence, joined to his constant correspondence, have made him familiar, as well with the local influences, as the general diseases of the whole extent of the United States. During nearly half a century of professional life, his cool enthusiasm and ardent industry seem scarcely to have relaxed for a single day. He has expended the amount of a modest pecuniary independence, in accumulating a large professional library, and is well known as a man of learning and of truly scientific accuracy and caution.

"Like all original and independent men, he has been the subject of an average amount of vulgar rumor and slander; but never have his high honor and steadfast uprightness, as a man and a medical practitioner, been blown upon by the breath of suspicion or even of envy. His intercourse with the sick has been remarkable for patient sacrifice of time and labor, while his kindness and sympathy have received that gratitude to which all conscientious practitioners are so well accustomed."

Health of London.—In the week that ended Saturday, Oct. 23d, 1072 deaths were registered in London, being nearly the same number as in the previous week. In the ten corresponding weeks of the years 1842-51, the average number was 947, which, if a correction is made for increase of population for the purpose of comparing it with the present return, will become 1042.

The same week the births of 1567 children were registered in London. The average number in seven corresponding weeks of the years 1845-51, was 1376.